

# Member Certification Form

## FY 2014 Membership Certification

Status: APPROVED

## Communications Contact

All communications for this form and any questions PBS may have will be made with the following individual. Identify the individual who should receive all communications:

First and Last Name*	Alice Recore
E-Mail Address*	arecore@mlpbs.org

## Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	WCFE
Licensee Organization (per FCC License)*	Mountain Lake Public Telecommunications Council
if other, Operating Organization	
Organization Street Address*	One Sesame Street
Organization City*	Plattsburgh
Organization State and Zip Code*	<input type="text" value="New York"/> 12901

The above named licensee organization, a member of the Public Broadcasting Service("PBS"), certifies that the public television broadcast station(s) operated by the organization (i) provide(s) nonsectarian, nonpolitical, noncommercial educational program service to the general public in the community served by the station(s), in accordance with PBS policies, and (ii) complies at all times with the terms, conditions and guidelines set forth in the PBS Member Station Handbook and all other applicable PBS policies (available on PBS Connect at <http://connect.pbs.org> under Systemwide Management > PBS Member Toolkit > PBS Member Station Handbook), including, without limitation, all financial obligations. The licensee organization acknowledges that the PBS Board may update member policies throughout the year. Updated policies are effective upon notification to the membership following approval by the PBS Board.

Signature*	Alice Recore
Title*	President & CEO
Date*	7/26/2013

## PBS Member Station Information

## I. GM Contact Information

Primary PBS Contact Information (GM)\* Alice Recore  
Email Address\* arecore@mlpbs.org  
Phone Number\* 518-563-9770 x101

## II. Station Information

Please list your transmitter information here:

Channel 38, 55kw ERP

Please detail below any changes to your transmitter or operation that may have impacted your digital population coverage. (For example, change in the number of transmitters, location, power, etc...):

Max application denied.

## III. Digital Services

### A. Broadcast Multicast Channels

Please provide below the name and general description of each of your station's multicast channels. You do not need to provide a description of nationally packaged channels like PBS World, Create and V-ME.

**Channel #**

Channel # 57.1 WCFE HD

Channel # 57.2 SD-1

Channel # 57.3 SD-2

Identify your Primary PBS Channels

Primary PBS Channel 57.1 WCFE PBS HD

### B. Cable/Satelite/FiOS/Mobile/Other

Please describe any additional services your station is providing via Cable, Satelite, FiOS, Mobile, the Internet or any other means. (For example, an educational channel on Cable)

No separate/additional services.

**Please complete the form and submit by July 23, 2012**

If you have any questions about this certification, please contact Thomas Crockett ([tcrockett@pbs.org](mailto:tcrockett@pbs.org)) or Vanessa Butler ([vnbutler@pbs.org](mailto:vnbutler@pbs.org)).